## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

DEC 29 2006

or Fax (571)-273-2885

INSTRUCTION: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where property of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as make the description of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the correspondence address; and the correspondence address as the correspondence address as the correspondence address and the correspondence address as the correspondence add maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 2352 7590 11/02/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. OSTROLENK FABER GERB & SOFFEN 1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403 01/03/2007 NBELETE2 00000032 10535590 Robert /Fabez 01 FC:1501 1400.00 OP AUUTA (Signature 02 FC:1504 300.00 OP Decembe 03\_EC:8001 30.00 DP (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/535,590 05/19/2005 Philippe Espinasse P/4393-13 7545 TITLE OF INVENTION: LIQUEFIED GAS TRANSFER INSTALLATION AND USE THEREOF APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 \$300 \$0 \$1700 02/02/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS DOUGLAS, STEVEN O 3751 141-387000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (1) the names of up to 3 registered patent attorneys or agents OR alternativaly Change of correspondence address (or Change of Correspondence or agents OR, alternatively. Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. SSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TECHNIP FRANCE FRANCE 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 🔀 Issue Fee A check is enclosed.

Publication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Advance Order - # of Copies

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Tradepiark Office.

Authorized Signature

December 27, 2006 Date

Typed or printed name Robert Faber

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.